No.		

Executive Agency Affidavit and Request for Confidential Information

County of)					
State of Missour	ri,)) SS.					
					ion to executive ager mation is submitted t		
I,			(name), as		(of	ficial capacity), in	
person, firm or in law to do so in t constitutional or :	nstitution, or any fa the discharge of statutory duties of	cts pertaining to state the duties of my	same that may come employment, and t (exec	e to my knowledge hat I will utilize ar utive agency) and i	ly sworn, affirm and s rporation, partnership by virtue of my officia by information receiv not for any other purp of this agency for each	I position, unless req ed solely for the ne ose, and that Form 8	uired by cessary
NAME:				DA	TE:		
OFFICIAL CAPA	ACITY:						-
REQUEST:							
Why confidentia constitutional au		necessary for the	e executive agency	r's statutory or co	nstitutional duties; a	and please list stat	utory o
Names of persor	ns and their officia	al capacities to w	hom this confidentia	al information will b	e disclosed:		
Names of persor Department of R		al capacities to wh	nom access will be g	ranted for database	e inquiries (for Tax Co	ompliance purposes)	with the
			eir official capacity roll deduction paym		artment of Revenue	should send notifica	ation to
					Signature of Reque		
					ficial seal at my offic		
My term expires		·				Notary	